ED 174

REV. 1/12

C.G.S. 10-145, P.A. 11-27 C.G.S. 10-145d Regs. 10-145d-420

CONNECTICUT STATE DEPARTMENT OF EDUCATION

Bureau of Educator Standards and Certification P.O. Box 150471 – Room 243 Hartford, CT 06115-0471



www.ct.gov/sde

APPLICATION FOR SUBSTITUTE TEACHER AUTHORIZATION FOR CANDIDATES WHO HAVE NOT COMPLETED A BACHELOR'S DEGREE

PART I: PERSONAL INFORMATION (Print all information in dark ink and approximation)	nd in uppercase letters.)
LAST NAME	
FIRST NAME MI	GENDER (M/F)
SOCIAL SECURITY NUMBER BIRTH DATE (Mon	th-Day-Year) – Required
ADDRESS (Street)	(Apt #)
(City)	
(State) (Zip Code) FORMER LAST N	AME(S)
PHONE	 Native American Asian/Pacific Islander Black White Hispanic
1. Have you ever been convicted of any crime, excluding minor traffic violations?	YES NO
2. Have you ever been dismissed for cause from any position?	YES NO
3. Have you ever surrendered a professional certificate, license, permit or other credential (including, but not limited to, an education credential); had one revoked, suspended, annulled, invalidated, rejected or denied for cause; or been the subject of any other adverse or disciplinary credential action?	YES NO

Pursuant to Connecticut General Statutes Section 10-221d, the State Board of Education must complete a criminal history records check on each applicant for an initial issuance or renewal of a certificate, authorization or permit. Each applicant seeking an initial issuance or renewal of a certificate, authorization or permit must also submit to a records check of the Department of Children and Families' child abuse and neglect registry established pursuant to Connecticut General Statutes Section 17a-101k. In addition, the State Board of Education is required to submit periodically for a criminal history records check the database of all persons who hold any certificate, authorization or permit.

NOTE: If you answer "YES" to any of the above questions, you must attach a signed statement of explanation. If there are multiple incidents within each question, you must list and explain each separately. Submit **official** copies of court or administrative record(s), including disposition of each case.

Information on this application is subject to disclosure pursuant to the Freedom of Information Act.

PART II: EDUCATIONAL BACKGROUND

List all education you have completed, including high school, trade-related vocational school and/or other postsecondary schooling.

NAME OF SCHOOL	NAME OF SCHOOL STATE DATES ATTE		TENDED	NDED EDUCATION LEVEL COMPLETED			
		From (M/Y)		(H.S. Diploma, GE			
		, ,	, ,		, ,		
	<u> </u>	1 1 1	1: ::1	1 1 121	1 '.1 '.		
List ALL substitute teaching experience or any otl qualifications for the substitute position. (Please at					iong with any unique		
quantications for the substitute position. (Please at	iacii your resume	, or a separate s	neet, ii necess	sary.)			
PART III: APPLICANT ATTESTA							
I certify that the information provided by me on this							
falsifications or omissions and that all of the inform							
accompanying information may be verified and that		srepresentation	, falsification	or omission may resu	ılt in the denial or		
revocation of my certificate(s), permit(s) or authorize	zation(s).						
ORIGINAL SIGNATURE OF APPLICANT				DATE			
ORIGINAL SIGNATURE OF AFFLICANT				DATE			
PART IV: EMPLOYING AGENT I	NFORMAT	ION AND A	ATTESTA	TION			
The applicant will serve only as a substitute teacher							
	8		- up	2 0 08			
Signature of Superintendent, Executive Director or	designee	Date					
attesting to the accuracy of information (Original Signature: No Signature Stamps Acce	mtod)						
(Original Signature: No Signature Stamps Acce	ptea)						
Typed or Printed Name of Person Signing Above		Title					
District		Telepho	ne				
Charach		FAX Nu	1				
Street		FAX Nu	mber				
City, State	e, Zip Code	E-mail A	ddress				
- · ₂ ,	-, <u></u> p	_ mm1 1					
FOR OFFICE USE ONLY							
r · · · · · · · · · · · · · · · · · · ·	s authorized	is NOT at	ithorized to s	erve as a substitute te	acher for the board		
of education listed above.							
Authorized Signature:				Date:			

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INSTRUCTIONS TO APPLICATION FOR SUBSTITUTE TEACHER AUTHORIZATION FOR CANDIDATES WHO HAVE NOT COMPLETED A BACHELOR'S DEGREE

THIS CHECKLIST MUST BE ATTACHED TO THE COMPLETE APPLICATION PACKET

Listed below are the required documents which must be submitted to the Bureau of Educator Standards and Certi-

fication to process your request for a Substitute Teacher Authorization for candidates who have NOT complet bachelor's degree. This authorization will expire on June 30 of the school year during which it was approved	
Applicant:	
a. Complete Parts I, II and III.	
b. Return completed application to the superintendent of schools, executive director or designee.	
Employing Agent:	
a. Complete Part IV and mail application and supporting documentation to the Bureau of Educator Standards and Certification at the above address.	